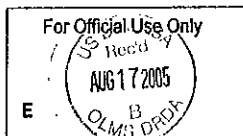


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8805 16005	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Duane K Schoff P.O. Box, Bldg., Room No., if any Street 73256 I Road City Holdrege State NE ZIP Code + 4 68949	4. Name, file number, and address of labor organization. Name CWA Local 7401 Labor Organization File Number 000.188 P.O. Box, Building and Room Number, if any 5911 Street 210 N. Walnut City Grand Island State NE ZIP Code + 4 68802
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Qwest Communications Trade Name, if any: Qwest P.O. Box, Bldg., Room No., if any Street 1801 California St. 34th Flr. City Denver State CO ZIP Code + 4 80202	7.a. Nature of Interest, Transaction, or Income. SEE ATTACHMENT 7.b. Amount. SEE ATTACHMENT

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Duane K. Schoff	On 8-12-05 Date	308-995-5162 Telephone Number

Name of Person Filing Duane K. Schoff	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

PART A ATTACHMENT

6. Employer

Qwest Communications
1801 California St. 34th flr.
Denver, CO 80202

7a.	1)	7b.
	Expenses for Union Officer to	
	attend MOSHC meeting by Company	
	at Altuna, IA. on June 17 & 18.	
	Hotel room in Altuna (1 night)	\$133
	Meals for the 18th	\$ 32
	2)	
	Expenses for Union Officer to	
	attend MOSHC safety night by	
	Company at Omaha, NE on October	
	14 & 15.	
	Meals incurred for two days	\$ 49